

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/52/303

3 Please refund the following fee(s):

4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
		\$ <u>100</u>
<input checked="" type="checkbox"/> Filing		\$
<input type="checkbox"/> Amendment		\$
<input type="checkbox"/> Extension of Time		\$
<input type="checkbox"/> Notice of Appeal/Appeal		\$
<input type="checkbox"/> Petition		\$
<input type="checkbox"/> Issue		\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/> Maintenance		\$
<input type="checkbox"/> Assignment		\$
<input type="checkbox"/> Other		\$
7 TOTAL AMOUNT OF REFUND		\$

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation): _____

8 TO BE REFUNDED BY:

☐ Treasury Check

☐ Credit Deposit A/c #:

9 15--0700

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

SIGNATURE: John Anderson

OFFICE: PCT DO/EO

TITLE: Para Legal Specialist

PHONE: 305-9140 ext 201

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B